



# **SMALLPOX RESPONSE TEAM POLICY TEMPLATE**

*The following template or sample policy may be used as a guide when as you develop a policy for your institution. It is in no way intended to dictate policy. Circumstances specific to each institution – such as location, capacity, services offered, etc. – will influence the decisions you make regarding your policy. Feel free to change, add and delete statements as needed to create the policy that works best for you. The Centers for Disease Control and Prevention has many references to help you understand the concept of healthcare response teams for smallpox. You can access them at [www.cdc.gov](http://www.cdc.gov).*

## **(Health Care Facility) Policy**

**Title:** Smallpox Response Team

**Date:**

**Purpose:** To provide health care workers who have been vaccinated and are ready to care for smallpox patients who present to the hospital for medical care.

**Policy:**

- 1. All smallpox response team members are voluntary participants.**
- 2. Smallpox response team members will be educated about smallpox disease, the vaccine, vaccine contraindications, vaccine adverse reactions, and normal “take” response of the vaccine prior to being vaccinated.**
- 3. Potential volunteer team members will be prescreened for contraindications at the facility, and will be screened carefully at the vaccination clinics prior to giving written consent.**
- 4. Education and prescreening will take place far enough in advance of planned vaccination dates to allow potential team members to be tested for pregnancy or HIV infection at their discretion and to decline vaccination without explanation.**

5. Following vaccination, staff will keep the site dressed with a gauze dressing covered with a semi-permeable occlusive dressing and will wear long-sleeved clothing until the scab separates.
6. The site and/or dressing will be observed prior to reporting to clinical assignment each shift. The observer must be vaccinated and trained to recognize side effects and adverse reactions. The observer will decide if clinical assignment is inappropriate or if reassignment to another area is possible.
7. If needed, dressing changes will be done by \_\_\_\_\_ at this time. Soiled dressings will be handled as biohazard waste. The observer and the vaccinated staff will adhere to appropriate hand washing.
8. Staff members who exhibit signs of adverse reactions will be reported to the local public health unit and referred to \_\_\_\_\_ for evaluation and treatment.
9. Vaccination sites will be evaluated for “take” at six to eight days by \_\_\_\_(hospital staff or public health) \_\_\_\_. (If sites are evaluated at the hospital results will need to be reported to public health) Results will be forwarded to the local public health unit.
10. A log of observations will be maintained and kept on record with \_\_\_\_(employee health)\_\_\_\_ for a period of \_\_\_\_\_ years.
11. Team members who do not demonstrate adequate “take” will be scheduled for re-vaccination and will not be considered safe to care for smallpox patients until such time that “take” is documented.
12. A team member who has not demonstrated “take” after two vaccination attempts will be referred to a regional medical consultant for consideration of a third vaccination attempt.
13. Absence from work due to illness related to the smallpox vaccination will be covered under the hospital sick leave policy.
14. Team members may be reassigned or placed on administrative leave following vaccination at the discretion of \_\_\_\_\_.
15. Team members placed on administrative leave may utilize sick leave benefits or vacation time as they desire.
16. Successfully vaccinated staff will be considered the smallpox response team. Schedules will allow a minimum number of team members on duty in critical areas each shift. The following response team staffing minimums will be required in-house:
  - a. Emergency room: \_\_\_\_\_
  - b. ICU: \_\_\_\_\_

- c. Medical unit: \_\_\_\_\_
- d. RT: \_\_\_\_\_
- e. Security: \_\_\_\_\_

**Other team members will be called in as needed.**

**(Some facilities may want a plan for call-back only, with no minimum in-house coverage.)**

- 17. When a suspected or confirmed case of smallpox is identified, the smallpox response team will be activated. Response team members will be rescheduled to provide around-the-clock staffing to care for the patient. The activated response team will be under the supervision of \_\_\_\_\_.**

*For more information, please contact Brenda Vossler, RN, CIC, bioterrorism hospital coordinator, or Tim Wiedrich, state bioterrorism director, by telephone at 701.328.2270 or by e-mail at [bvossler@state.nd.us](mailto:bvossler@state.nd.us) and [twiedric@state.nd.us](mailto:twiedric@state.nd.us).*